

Survey, Certification and Credentialing
Commission
New England Building
612 South Kansas Avenue
Topeka, KS 66603-3404



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Kari M. Bruffett, Secretary
Joe Ewert, Commissioner

Sam Brownback, Governor

IMMEDIATE JEOPARDY ABATED PROVIDER 17E294

August 4, 2015

Lamont Cook, CEO
F. W. Huston Medical Center
408 Delaware St
Winchester, KS 66097-4003

LICENSURE AND CERTIFICATION ABBREVIATED SURVEY-NO OPPORTUNITY TO CORRECT

On July 31, 2015, an Abbreviated survey was concluded at your facility by the Kansas Department for Aging and Disability Services (KDADS) to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. This survey found that your facility was not in substantial compliance with the participation requirements and the conditions in your facility constituted immediate jeopardy to resident health or safety from June 13, 2015 through and including July 31, 2015 for F323, CFR 483.25(h).

Based on the deficiencies cited on this survey and your history of non-compliance on the Resurvey completed January 28, 2015, your facility will not be given an opportunity to correct deficiencies before remedies are imposed.

Enforcement Remedies

Informal dispute resolution for the cited deficiencies will not delay the imposition of the enforcement actions recommended. Based on the deficiencies cited during your survey and the findings of Immediate Jeopardy and in accordance with sections 1819(h) and 1919(h) of the Social Security Act and 42 Code of Federal Regulations 488.417(b), your facility will be subject to the following remedies:

- Based on the deficiencies cited during your survey and the finding of Immediate Jeopardy, we are imposing a per instance Civil Money Penalty (CMP) for CFR 483.25(h) in the amount of \$5000.00 in accordance with CFR 488.430.
- Denial of payment for new Medicaid admissions effective August 24, 2015 if substantial compliance is not achieved by that time.
- Termination of your provider agreement effective January 31, 2016, if substantial compliance is not achieved by that time.

NOTE: The above remedies are subject to change if substantial compliance is not achieved following subsequent visits per CMS Revisit Policy dated May 3, 2001.

Substandard Quality of Care

Your facility's noncompliance with F323, CFR 483.25(h) has been determined to be Substandard Quality of Care as defined at CFR 488.301. Sections 1819(G)(5)(C) and 1919(G)(5)(C) of the Social Security Act and 42 CFR 488.325(H) require that we notify the State Board responsible for licensing the facility's administrator of the substandard quality of care. The attending physician of each resident who was found to have received substandard quality of care should be notified.

Please note that Federal law, as specified in the Social Security Act at sections 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of Nurse Aide Training and Competency Evaluation Programs (NATCEP) and Competency Evaluation Programs (CEP) offered by or in a facility which, within the previous two years, has operated under 1819(b)(4)(C)(ii)(II) or 1919(b)(4)(C)(ii)(II) waiver; has been subject to an extended or partial extended survey; has been assessed a Civil Money Penalty of not less than \$5000.00; or has been subject to a denial of payment; the appointment of a temporary manager; termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities. If any of these situations occur, you will be so advised in a separate notification.

If you disagree with this action, you have the right to appeal the actions by requesting a fair hearing in accordance with K.A.R. 30-7-64 et seq. Your written request for a fair hearing should be mailed to or otherwise delivered so that it is received by the **Department of Administration, Office of Administrative Hearings, 1020 S. Kansas Ave., Topeka, KS 66612-1311** within 60 days from the date of this letter. Failure to request or pursue a fair hearing appeal in a timely manner may adversely affect your rights.

If you would like to waive your right to a hearing, you must do so **in writing** within 60 calendar days from the date of the notice of imposition. If you waive your right to a hearing in accordance with the requirements specified at 42 CFR 488.436, the amount of the CMP will be reduced by thirty-five percent. You may submit your written request to waive your right to a hearing to:

LaNae Workman
Kansas Department for Aging & Disability Services
Financial & Information Services Commission
503 S. Kansas Avenue
Topeka, KS 66603-3404

After you submit a timely written waiver of your right to a hearing, we will send you a letter with instructions on how to remit the adjusted amount of the CMP to KDADS.

Plan of Correction (POC)

You must submit a written plan of correction assuring that the deficiency(ies) cited at a scope and severity level of "B" and above will be corrected. An acceptable plan of correction must have been submitted to KDADS within 10 calendar days of your receipt of the statement of deficiencies.

Your plan of correction must be documented on the CMS 2567L forms provided to you at the exit conference, and contain the following:

1. Address how corrective action will be accomplished for those residents found to have been Affected by the deficient practice;
2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice;
3. Address what measures will be put in place or systemic changes made to ensure that the deficient practice will not recur;

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained: (the facility must develop a plan for ensuring that correction is achieved and sustained); and,
5. Include the dates corrective action was completed.

Allegation of Compliance

Failure to achieve substantial compliance in accordance with your plan of correction may result in the imposition of additional remedies, retroactive to the survey exit date. These remedies may continue until substantial compliance is achieved or your provider agreement is terminated. If your facility has not achieved substantial compliance, we will recommend that the remedies previously mentioned in this letter be imposed.

Informal Dispute Resolution (IDR)

In accordance with CFR 488.331, you have one opportunity to question newly identified deficiencies or a different example of a previously cited deficiency through an informal dispute resolution (IDR). You may also contest scope and severity assessments for deficiencies which resulted in a finding of substandard quality of care or immediate jeopardy. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies (or why you are disputing the scope and severity assessments of deficiencies which have been found to constitute substandard quality of care or immediate jeopardy).

Joe Ewert, Commissioner
Kansas Department for Aging and Disability Services
Survey, Certification and Credentialing Commission
612 South Kansas Avenue
Topeka, KS 66603

The request must be made within 10 calendar days of your receipt of the statement of deficiencies. An incomplete IDR process will not delay the effective date of any enforcement action.

If you have any questions concerning the instructions contained in this letter, please contact me at (785) 296-1265.



Mary Jane Kennedy, LBSW
Complaint Coordinator
Survey, Certification and Credentialing Commission
Kansas Department for Aging and Disability Services

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c: Susan Fout, Regional Manager
Joe Ewert, KDADS, Commissioner
Audrey Sunderraj, KDADS, Director
LaNae Workman, KDADS